FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:19

DOCUMENT # N94000000304 (5)

1. Corporation Name

CLUBSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3600 CLUB PLACE BOCA RATON FL 33496	3600 CLUB PLACE BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0465949 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~POLLER, JERI~~ ~~6013 NW 23RD AVENUE~~ ~~BOCA RATON FL 33496~~	81 Name: JULIEN ROBERT 82 Street Address (P.O. Box Number is Not Acceptable): 3600 CLUB PLACE 83 84 City: BOCA RATON FL 85 Zip Code: 33496

11. Pursuant to the provisions of Sections 607.1508 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 3/1/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE		☐ Change ☐ Addition
NAME	~~MCKERRON, D R~~	12 NAME		
STREET ADDRESS	3600 CLUB PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	CSAPO, JOHN	22 NAME		
STREET ADDRESS	3600 CLUB PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	JULIEN, ROBERT	32 NAME		
STREET ADDRESS	3600 CLUB PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	34 CITY-ST-ZIP		
TITLE	~~VST~~	41 TITLE	VST	☐ Change ☒ Addition
NAME	~~MCNAIR, IAN D~~	42 NAME	MIKE CLARK	
STREET ADDRESS	~~3600 CLUB PLACE~~	43 STREET ADDRESS	3600 CLUB PLACE	
CITY-ST-ZIP	~~BOCA RATON FL 33496~~	44 CITY-ST-ZIP	BOCA RATON FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/1/95 407-994-9989
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0013788